### Montana Medicaid – Fee Schedule Personal and Commercial Transportation July 1, 2013

# **Proposed Draft\_052013**

#### **Definitions:**

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

*Effective* – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

Fee Sched: Medicaid fee for listed code

**Medicare**: Medicare-prevailing fee for listed code.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

**PA** – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Proc	Modifier	Description	Effective	Method	Fee	PA	Notes
		PERSONAL MILAGE	10/1/2008	FEE SCHED	\$0.33	Υ	
		PER DIEM: EACH MEAL	7/1/2013	FEE SCHED	\$5.10	Υ	
		PER DIEM: HOTEL	7/1/2013	FEE SCHED	\$25.50	Υ	
A0100		NONEMERGENCY TRANSPORT PER MILE	7/1/2013	FEE SCHED	\$1.06	Υ	>16 Miles
A0140		NONEMERGENCY TRANSPORT BASE	7/1/2013	FEE SCHED	\$12.60	Υ	< 16 Miles